



FOR OFFICE USE ONLY

RECORD NO _____

FEE _____

BOND _____

PLAT _____

FWD _____

COAL DEPTH _____

SAMPLES _____

PERMIT NO _____

APPLICATION FOR PERMIT

TYPE OR PRINT

1. TO DRILL ☐ , DEEPEN ☐ , _____ , REOPEN ☐ _____ , A WELL
- PREVIOUS PERMIT NO. PREVIOUS PERMIT NO.
2. WELL OPERATOR (APPLICANT) _____
- (MUST BE IDENTICAL TO NAME ON BOND)
3. PERMANENT ADDRESS _____
- STREET CITY STATE ZIP
- PHONE _____ EMAIL _____
4. ADDRESS FOR MAILING PERMIT _____
- STREET CITY STATE ZIP
5. MINERAL OWNER (LESSOR) _____
- (ATTACH ADDITIONAL SHEETS AS NEEDED – ELECTRONIC VERSION, SEE PAGE 4)
- ADDRESS _____
- STREET CITY STATE ZIP
- PHONE _____ E-MAIL _____
6. COUNTY _____ WELL NUMBER _____ LEASE EXPIRATION DATE _____
7. CARTER COORDINATE ☐ FNL ☐ FEL
- LOCATON ☐ FSL ☐ FWL SEC _____ LETTER _____ NUMBER _____
8. ELEVATION BEFORE GRADING _____ ELEVATION AFTER GRADING IF DIFFERENT _____
- ELEVATION CHANGES MUST BE FILED WITH THIS OFFICE PRIOR TO PLUGGING THE WELL.
9. NAME OF DEEPEST GEOLOGIC FORMATION TO BE TESTED _____ MAX. TRUE VERTICAL DEPTH TO PERMIT _____
10. U.S.G.S. QUADRANGLE _____
- NAME MAP YEAR
11. THIS PROPOSED WELL IS TO BE DRILLED FOR THE FOLLOWING PURPOSE:

WELL TYPE

A. OIL ☐ D. WATER SUPPLY ☐ G. STRATIGRAPHIC TEST ☐

B. GAS ☐ E. COALBED METHANE ☐ H. OBSERVATION ☐

C. GAS STORAGE ☐ F. ENHANCED RECOVERY PRODUCTION ☐

12. WILL THIS WELL PENETRATE COAL BEARING STRATA? ☐ YES ☐ NO IF YES, COMPLETE BOX BELOW

IS THE COAL OWNED, OPERATED OR LEASED BY ANY PERSON OTHER THAN THE OIL OR GAS LESSEE OR LESSOR? YES ☐ NO ☐

COAL OWNER AND ADDRESS _____

COAL LESSEE AND ADDRESS _____

IF COALBED METHANE WELL, IDENTIFY COAL SEAMS TO BE PRODUCED _____

MINE STATE FILE NUMBER _____

THE UNDERSIGNED APPLICANT HAS SENT A COPY OF THIS APPLICATION AND THE WELL LOCATION PLAT BY CERTIFIED MAIL TO ALL COAL OWNERS AND OPERATORS NAMED HEREIN ON THE SAME DATE THAT THIS APPLICATION WAS MAILED TO THE DIVISION. FOR COALBED METHANE WELLS, APPLICANT MUST PROVIDE NOTIFICATION TO RELEVANT PARTIES PURSUANT TO KRS 349.015 (2), (3), (4) OR (7).

13. WILL THIS WELL BE DRILLED WITHIN THE AREA OR BUFFER ZONE OF A GAS STORAGE FIELD AS DEFINED BY THE DIVISION OF GAS AND OIL REGULATION 805 KAR 1:080? YES ☐ NO ☐
- GAS STORAGE FIELD OWNER AND ADDRESS: _____
- THE UNDERSIGNED APPLICANT HAS SENT A COPY OF THIS APPLICATION AND THE WELL LOCATION PLAT BY REGISTERED OR CERTIFIED MAIL TO ALL GAS STORAGE FIELD OWNERS AND OPERATORS NAMED HEREIN ON THE SAME DATE THAT THIS APPLICATION WAS MAILED TO THE DIVISION.
14. SURFACE OWNER _____
- (IF DIFFERENT FROM MINERAL OWNER) (ATTACH ADDITIONAL SHEETS AS NEEDED – ELECTRONIC VERSION, SEE PAGE 5.)
- ADDRESS _____
- STREET CITY STATE ZIP
- EMAIL ADDRESS _____

15. SURFACE OWNERS NOTIFICATION OF INTENT TO DRILL.
METHOD OF NOTIFICATION: ☐ CERTIFIED MAIL (COPY OF LETTER AND RETURN RECEIPT ATTACHED)
☐ PERSONAL DELIVERY (DATE_____)(COPY OF NOTIFICATION ATTACHED)

16. WILL THE DRILLING METHOD UTILIZE A DRILLING MUD SYSTEM? YES ☐ NO ☐
IF YES, UNDERSIGNED APPLICANT CERTIFIES WATER LOSS SHALL NOT EXCEED TEN (10) CUBIC CENTIMETERS IN ACCORDANCE WITH 805 KAR 1:020(1)(C).

17. IS THIS PROPOSED WELL LOCATED ON, OR WILL IT BE NECESSARY TO CROSS LAND WHICH IS CURRENTLY UNDER PERMIT OR BOND BY A COAL OPERATOR AS REQUIRED BY KRS CHAPTER 350? _____YES ☐ NO ☐

IF YES, LIST THE NAME AND ADDRESS OF CURRENT BONDED OPERATOR _____
NAME

STREET CITY STATE ZIP

HAS THE APPLICANT MET AND CONFERRED WITH, OR OFFERED TO MEET AND CONFER WITH THE BONDED OPERATOR? _____YES ☐ NO ☐

18. IS THE PROPOSED WELL A POOLED OR UNITIZED WELL? _____YES ☐ NO ☐

IF YES, BY WHAT AUTHORITY DOES THE APPLICANT HAVE TO POOL OR UNITIZED THIS PROPOSED WELL?

19. IS THE PROPOSED WELL A TWIN WELL TO AN EXISTING WELL(S)? _____YES ☐ NO ☐

IF YES, WHAT IS THE PERMIT NUMBER(S) FOR THE EXISTING WELL(S)? _____

WHAT IS THE PRODUCING FORMATION AND INTERVAL OF THE EXISTING WELL(S)?

DESCRIBE THE MEASURES TO BE TAKEN TO ENSURE THAT THE TWIN WELLS WILL NOT PRODUCE FROM THE SAME RESERVOIR.

20. IS THIS PROPOSED WELL A HORIZONTAL OR DEVIATED WELL? _____YES ☐ NO ☐
IF YES, INDICATE THE LOCATION OF THE ENDPOINT OF THE WELLBORE BELOW.
CARTER ☐ FNL ☐ FEL
COORDINATES _____ ☐ FSL _____ ☐ FWL SEC _____ LETTER _____ NUMBER _____

WHAT IS THE PROPOSED TOTAL MEASURED DEPTH OF THE WELLBORE? _____

21. IF APPLICANT IS AN ENTITY OTHER THAN AN INDIVIDUAL (I.E. SOLE PROPRIETORSHIP), THE APPLICANT MUST BE REGISTERED AND IN GOOD STANDING WITH THE KENTUCKY SECRETARY OF STATE’S OFFICE. PLEASE INDICATE TYPE OF ENTITY (INCLUDING BUT NOT EXCLUSIVE TO LIMITED LIABILITY COMPANY, CORPORATION, PARTNERSHIP, OR OTHER BUSINESS FORM) AND STATE OF INCORPORATION OR REGISTRATION, IF APPLICABLE.

TYPE OF ENTITY STATE OF INCORPORATION OR REGISTRATION

22. IF ANY ENTITY OTHER THAN A SOLE PROPRIETORSHIP, SIGNATORY MUST BE AN OFFICER OF THE ENTITY OR PROVIDE POWER OF ATTORNEY TO EXECUTE DOCUMENTS. IF A SOLE PROPRIETORSHIP, SIGNATORY MUST BE SAME OR PROVIDE POWER OF ATTORNEY TO EXECUTE DOCUMENTS.

THE UNDERSIGNED HEREBY SWEARS OR AFFIRMS THAT THE FOREGOING FACTS GIVEN IN THIS APPLICATION ARE TRUE AND THEREIN SET FORTH. THE APPLICANT ACKNOWLEDGES THAT OTHER LOCAL, STATE AND FEDERAL LAWS MAY APPLY TO A WELL DRILLED AT THIS LOCATION.

Signature of Operator _____ Title _____

Printed Name _____ Date _____

Sworn To and Subscribed Before Me This _____ Day of _____, 20_____

My Commission Expires

Notary Public

ALL APPLICATIONS MUST BE NOTARIZED, FILE THIS APPLICATION ALONG WITH A PERMIT FEE OF \$350.00 AND ONE (1) ORIGINAL AND TWO (2) COPIES OF THE WELL LOCATION PLAT. ALL BLANKS MUST BE COMPLETED. INCOMPLETE APPLICATIONS WILL BE REJECTED.

APPLICATION FOR PERMIT
(Attachment Page for Question #5)

5a. MINERAL OWNER (LESSOR) _____
ADDRESS _____ ZIP _____ PHONE _____
E-MAIL ADDRESS _____ LEASE EXPIRATION DATE _____

5b. MINERAL OWNER (LESSOR) _____
ADDRESS _____ ZIP _____ PHONE _____
E-MAIL ADDRESS _____ LEASE EXPIRATION DATE _____

5c. MINERAL OWNER (LESSOR) _____
ADDRESS _____ ZIP _____ PHONE _____
E-MAIL ADDRESS _____ LEASE EXPIRATION DATE _____

5d. MINERAL OWNER (LESSOR) _____
ADDRESS _____ ZIP _____ PHONE _____
E-MAIL ADDRESS _____ LEASE EXPIRATION DATE _____

5e. MINERAL OWNER (LESSOR) _____
ADDRESS _____ ZIP _____ PHONE _____
E-MAIL ADDRESS _____ LEASE EXPIRATION DATE _____

5f. MINERAL OWNER (LESSOR) _____
ADDRESS _____ ZIP _____ PHONE _____
E-MAIL ADDRESS _____ LEASE EXPIRATION DATE _____

5g. MINERAL OWNER (LESSOR) _____
ADDRESS _____ ZIP _____ PHONE _____
E-MAIL ADDRESS _____ LEASE EXPIRATION DATE _____

5h. MINERAL OWNER (LESSOR) _____
ADDRESS _____ ZIP _____ PHONE _____
E-MAIL ADDRESS _____ LEASE EXPIRATION DATE _____

5i. MINERAL OWNER (LESSOR) _____
ADDRESS _____ ZIP _____ PHONE _____
E-MAIL ADDRESS _____ LEASE EXPIRATION DATE _____

APPLICATION FOR PERMIT
(Attachment Page for Question #14)

14a.	SURFACE OWNER	_____
	ADDRESS	_____
	E-MAIL ADDRESS	_____

14b.	SURFACE OWNER	_____
	ADDRESS	_____
	E-MAIL ADDRESS	_____

14c.	SURFACE OWNER	_____
	ADDRESS	_____
	E-MAIL ADDRESS	_____

14d.	SURFACE OWNER	_____
	ADDRESS	_____
	E-MAIL ADDRESS	_____

14e.	SURFACE OWNER	_____
	ADDRESS	_____
	E-MAIL ADDRESS	_____

14f.	SURFACE OWNER	_____
	ADDRESS	_____
	E-MAIL ADDRESS	_____

14g.	SURFACE OWNER	_____
	ADDRESS	_____
	E-MAIL ADDRESS	_____

14h.	SURFACE OWNER	_____
	ADDRESS	_____
	E-MAIL ADDRESS	_____

14i.	SURFACE OWNER	_____
	ADDRESS	_____
	E-MAIL ADDRESS	_____